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JUN 18 2003

VIA FACSIMILE

TECHNOLOGY CENTER 2800

ATTENTION: Examiner Hai Chi Pham
FIRM/CO. NAME: USPTO
FAX NO: (703) ~~305-3432~~ **872-9318**
FROM: Reece Nienstadt
DATE: June 18, 2003
OUR REFERENCE NO: AMAT 004978 USA/ETEC/RWM
YOUR REFERENCE NO: 09/888,256

Total number of pages 14 (including cover page)If you do not receive all pages, please call: Reece

Business phone: (415) 538-1555

Facsimile No: (415) 538-8380

MESSAGE:

Dear Examiner Pham,

Enclosed is a Supplementary Amendment in response to the Non-Final
Office Action of March 18, 2003.

Best regards,
Reece Nienstadt

ATTORNEY-CLIENT PRIVILEGED COMMUNICATION:

The information contained in this facsimile transmission is privileged and confidential. It is intended only to be read by the individual or entity named above or their designee. If the reader of this facsimile transmission is not the intended recipient, you are on notice that any distribution of this facsimile transmission, in any form, is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify the sender and/or Janah & Associates, P.C. by telephone at (415) 538-1555 and delete or destroy any copy of this facsimile transmission.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Howard et al. Application No.: 09/888,256 Confirmation No.: 8744 Filed: June 22, 2001 Title: ELECTRON BEAM PATTERNING WITH A HEATED ELECTRON SOURCE		Group No.: 2861 Examiner: Hai Chi Pham Attorney Docket No.: 004978 USA/ETEC/RWM June 18, 2003 San Francisco, California		FAX RECEIVED JUN 18 2003 TECHNOLOGY CENTER 2800																
Commissioner for Patents Washington, D.C. 20231 Facsimile No. (703) 872-9318		Extension of Term _____ <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																		
Papers Enclosed		Extension (Months)																		
<input checked="" type="checkbox"/> Amendment w/ Marked-up Claims <input type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One Month</td> <td>\$110</td> <td>\$55</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$410</td> <td>\$205</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$930</td> <td>\$465</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0</td> </tr> </tbody> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.				Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$110	\$55	<input type="checkbox"/> Two Months	\$410	\$205	<input type="checkbox"/> Three Months	\$930	\$465	Total \$ 0	
	Extension Fee																			
	Large Entity	Small Entity																		
<input type="checkbox"/> One Month	\$110	\$55																		
<input type="checkbox"/> Two Months	\$410	\$205																		
<input type="checkbox"/> Three Months	\$930	\$465																		
Total \$ 0																				

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	36	34	2	\$18.00	\$9.00	36.00
Independent Claims	12	10	2	\$84.00	\$42.00	168.00
Multiple Dependent Claims				\$280.00	\$140.00	0
Supplemental Information Disclosure Statement						
Total						\$204.00

Fee Payment		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Extension Fees	\$0	
RCE Fee	\$0	
Fees for Extra Claims	\$204.00	
Total	\$204.00	

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$438.00.		Please direct all telephone calls to: Ashok K. Janah at (415) 538-1555
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (703) 872-9318 on the date shown below.		Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052
By: <u>Reece Nienstadt</u> Date: <u>June 18, 2003</u>	Respectfully Submitted, By: <u>Reece Nienstadt</u> Registration No. 62,072 Date: <u>June 18, 2003</u>	